

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009813

1. Entity Name AARTI MANAGING COMPANY, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90008 004 ***155.00

103895

Principal Place of Business
3401 DAVIE BLVD.
FT. LAUDERDALE, FL 33312 #202
Mailing Address
205 LAKEVIEW DR
FT. LAUDERDALE
FL 33326

2. Principal Place of Business
3401 DAVIE BLVD
Suite, Apt. #, etc.
3. Mailing Address
205 LAKEVIEW DR
Suite, Apt. #, etc.
202

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE
Zip
FL 33312
Country
U.S.A.
City & State
FT. LAUDERDALE FL
Zip
33326
Country

4. FEI Number
65-0808901
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAILESH JOBANPUTRA
205 LAKEVIEW DR.
#202
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHAILESH JOBANPUTRA	205 LAKEVIEW DR #202	FT. LAUDERDALE FL 33326	<input type="checkbox"/>
T	BHARNA JOBANPUTRA	205 LAKEVIEW DR #202	FT. LAUDERDALE FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SHAILESH JOBANPUTRA	205 LAKEVIEW DR #202	FT. LAUDERDALE FL 33326	<input type="checkbox"/>	<input type="checkbox"/>
T	BHARNA JOBANPUTRA	205 LAKEVIEW DR #202	FT. LAUDERDALE FL 33326	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)